SALES TAX FORMS SPECIFICATIONS

SALES PERMIT RENEWAL APPLICATION ONLY

| System - 2 characters ST = Sales Tax | |
|---|---|
| Filing Frequency - 1 cha M = Monthly, Q = Q | |
| Filing T | <u>ype - 2 characters</u> = Renewal Application |
| | Calendar year (2000) - 4 characters |
| | Record ID - 11 characters |
| STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PRO | /IDENCE, RI 02908/5802 SALES PERMIT |
| STM982000050460301 | RENEWAL APPLICATION |
| Name 1 Name 2 Address 1 | TAX YEAR 5046030100 July 1, 2000 - June 30, 2001 |
| Address 2 City, State Zip+4 | SALES TAX RENEWAL FEE \$10.00 |
| AUTHORIZED SIGNATURE DATE | Please mail this form with remittance separately. Do not mail with a return. |
| | Mail this form and remittance payable to: |
| | Rhode Island Division of Taxation One Capitol Hill, Ste 4 Providence, RI 02908-5802 |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

WITHHOLDING TAX FORMS SPECIFICATIONS

MONTHLY ONLY

| | - 2 characters /T = Withholding | |
|---------------------------------------|--|--|
| | Filing Frequency - 1 character M = Monthly | |
| | | ar month 01 to 12 |
| | Calend | ar year (2000) - 4 characters |
| | | Record ID - 11 characters Filing month & year |
| DIVISION OF TAXATION | STATE OF RHODE ISLAND | WITHHOLDING TAX RETURN |
| DIVISION OF TAXATIO | N * ONE CAPITOL HILL STE 7, PROVIDENCE, F | u 02908-5809. MONTHLY |
| ЙΤЙ | o′ั้น≥o′ั้อออรอ4ьo′ั้รอนออ / | |
| | | |
| Name 1 Name 2 | | STEET TO THE PROPERTY OF THE P |
| Address 1 Address 2 City, State | Zip+4 W | TM |
| BELIEF, IS A TRUE, CORRECT AND CO | | |
| SIGNATURE OF OWNER, PARTNER OR A | UTHORIZED AGENT | |
| TITLE | DATE | TAX AMOUNT |
| TAXPAYER IDENTIFICATION | | DUE AND PAID |
| 941- | MRI REV 11/99 | |
| | | Y |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

| System W | 2 characters/T = Withholding | |
|-----------------------------------|---|---|
| | Filing Frequency - 1 character Q = Quarterly | |
| | Filing Period - 2 chara Calendar year qua | acters arter 01 to 04 |
| | <u>Calendar ye</u> | ear (2000) - 4 characters |
| | | Record ID - 11 characters Filing quarter & year |
| DIVISION OF TAXATIO | STATE OF RHODE ISLAND | WITHHOLDING TAX RETURN |
| | n * 04E CAPITOL HILL STE 7, PROVIDENCE, RI 026 | 08-5809 QUARTERLY |
| | | |
| Name 1 Name 2 | | |
| Name c Address l | / | _ |
| Address 2 City, State | Zip+4 WT | Q / |
| BELIEF, IS A TRUE, CORRECT AND CO | IN, TO THE BEST OF MY KNOWLEDGE AND MPLETE RETURN. | |
| SIGNATURE OF OWNER, PARTNER OR AL | JTHORIZED AGENT | |
| TITLE | DATE | TAX AMOUNT |
| TAXPAYER IDENTIFICATION | | DOLEAND PAID \$ |
| | QRI REV 11/99 | |
| **** | | |

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) **LINE SPECIFICATIONS**

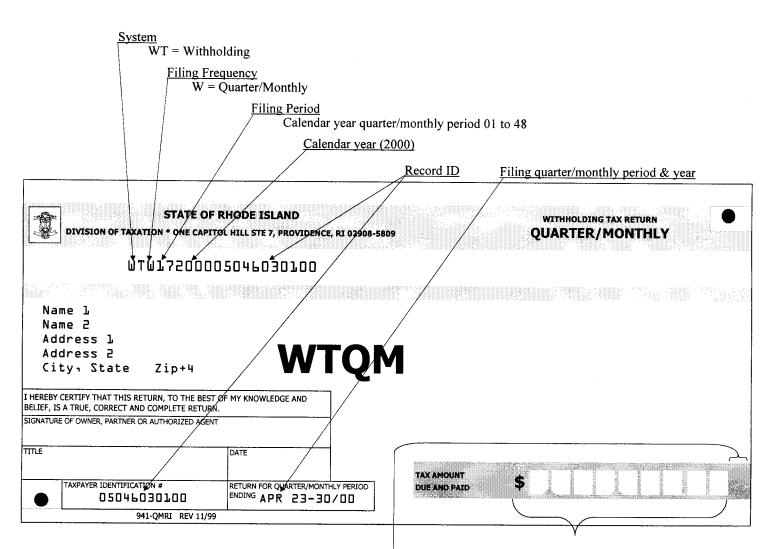
The dollar sign must be in the black OCR-B font, size 16 or 18.

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WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTER/MONTHLY ONLY



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

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There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

MONTHLY ONLY

| | System | - 2 characters ST = Sales T | | | | | | | |
|--------------|---|--------------------------------|-------------------------------|--------------------------|--------------------------|-------------|-------------------------------|------|------|
| | | Filing Frequency M = M | uency - 1 character onthly | | | | | | |
| | | | Filing Period - 2 Calendar ye | characters ar month 0 | to 12 | | | | |
| | | | Calenc | dar year (20 | 00) - 4 characters | | | | |
| | | | | | Record ID - 11 cha | racters | Filing month & | year | |
| 4 | | | HODE ISLAND | | | , s | ALES & USE TAX RETURN MONTHLY | | • |
| D | | | . HILL STE 4, PROVIDENCE, | RI 02908-5802 | | | | | |
| | ttal a | | | | | | | | |
| Name Name | | | | | | | | | |
| Addr | ess 1 | | | | | | | | |
| | | Zip+4 | / 5 | IM | | | | | |
| BELIEF, IS A | RTIFY THAT THIS RETU TRUE, CORRECT AND C | OMPLETE RETURN. | F MY KNOWLEDGE AND | | | | | | |
| SIGNATURE OF | OWNER, FARTHER OR | TOTTORIZED POLITI | <i>\</i> | | | | | | |
| TITLE | | | DATE | | NET SALES AND USE TAX OU | ' \$ | | | اسرخ |
| ● FE | DERAL IDENTIFICATION | | RETURN FOR MONTH ENDING | | AND FAID | \ \ | | | , |
| | T-2 | 204M REV 11/99 | | | | | | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION ONLY

FRONT

| System - 2 characters ST = Sales Tax Filing Frequency - 1 of M = Monthly Filing | 1 character ing Period - 2 characters Calendar year month 01 to 12 Calendar year (2000) - 4 characters Record ID - 11 characters Filing month & year |
|---|---|
| STATE OF RHODE ISLA STATE OF RHODE ISLA ONE CAPITOL HILL STE 4, P STATE OF RHODE ISLA ONE CAPITOL HILL STE 4, P | LAND SALES & USE TAX RETURN MONTHLY QUARTERLY RECONCILIATION |
| Name 1 Name 2 Address 1 Address 2 City, State Zip+4 | 1. SALES à USE TAX DUE FOR THE QUAYTER (FROM LINE 9 SCH A) 2. LESS: TAX PAID - MONTH 1 3. LESS: TAX PAID - MONTH 2. |
| · - | |
| T-204M-R REV 11/99 | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS MONTHLY RECONCILIATION & QUARTERLY ONLY

BACK

| SCHEDULE B - LEGAL DEDUCTIONS | SCHEDULE A - GROSS RECEIPTS |
|---|--|
| AL FOOD FOR HUMAN CONSUMPTION (GROCERY STORE) | 1. GROSS SALES FROM OTHER THAN LINE 2 BELOW |
| G FOR RESULE S | 2. ROOM OCCUPANCY SALES |
| C SATERSTATE S | 3. COST OF PERSONAL PROPERTY PURCHASED ON RESALE CENTIFICATE BUT USED BY YOU |
| D. TO GOVERNMENT AND EXEMPT UNSTITUTIONS | 4. USE TAX: COST OF PERSONAL PROPERTY PURCHASED CUTSIDE OF STATE BUT USED BY YOU |
| E, EXEMPT NEWSOADERS | 5. OTHER ADDITIONS (DESCRIBE AT BOTTOM OF FORM) |
| F. GASCLINE AND OTHER EXEMPT RIELS | 6. TOTAL SALES FOR QUARTER |
| H. PRESCRIPTION DRIAGS/PATENT MEDICINES | 7. TOTAL DESUCTIONS (TOTAL FROM SCH 8 - LEFT) |
| I. CLOTHING AND POOTWEAR S | 8, TAXABLE RECEIPTS FOR THE QUARTER (LINE 6 - LINE 7) |
| K. OTHER (DESCRIBE BELOW) | 9. NET SALES AND USE TAX (CARRY TO PRONT) |
| OTHER (ON LINE K): | OTHER ADDITIONS (ON LINE 5): T-204M-R REV 11/99 |

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

FRONT

| System - 2 characters ST = Sales Tax | |
|---|--------------|
| Filing Frequency - 1 character Q = Quarterly | |
| Filing Period - 2 characters Calendar year quarter 01 to 04 | |
| Calendar year (2000) - 4 characters | |
| Record ID - 11 characters Filing quarter & year | |
| STATE OF RHODE ISLAND SALES & USE TAX RETURN | • |
| DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802 STUDIO 0 5046030100 | |
| | |
| Name 1 Name 2 | |
| Address 1. | |
| Address 2 City, State Zip+4 STQ PLEASE DO NOT WRITE IN THIS AREA | |
| City, State Zip+4 | |
| HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND SELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN. | 7 |
| SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT 1. SALES & USE FOR THE QUARTER (FROM LINE 9 SCH.A) | |
| 2. LESS, CREDIT FOR SALES TAX PAID BY OTHER STRIES (TIEMS MUST BE INCLUDED IN LINE 4 | |
| SCH A ON BACK) | |
| FEDERAL IDENTIFICATION NO. RETURN FOR QUARTER ENDING DUE AND PAID STAX DUE AND PAID | . ,] |
| T-204Q REV 11/99 | |

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 $7/8 \pm 1/8$ " from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) **LINE SPECIFICATIONS**

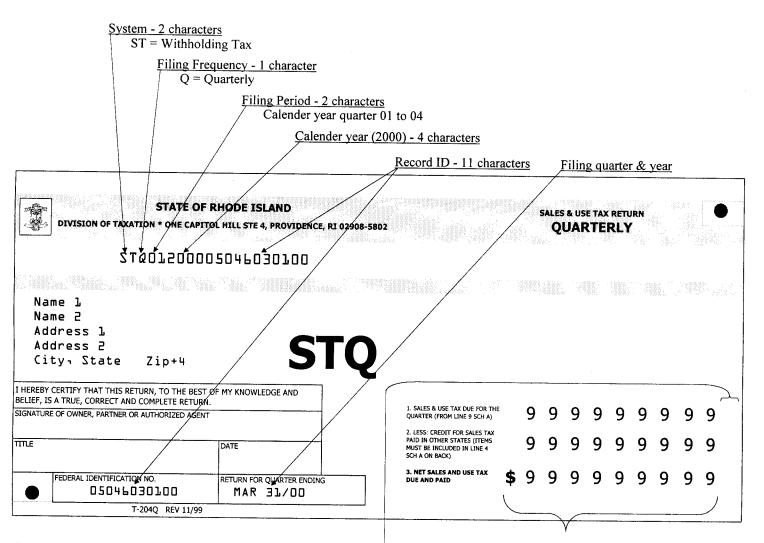
The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

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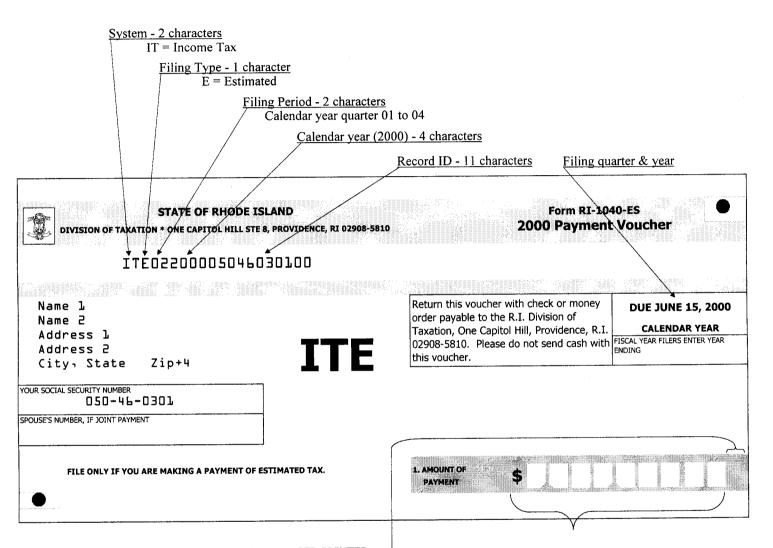
The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

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INCOME TAX FORMS SPECIFICATIONS

ESTIMATED ONLY



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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INCOME TAX FORMS SPECIFICATIONS

1040V (VOUCHER) ONLY

| Systen | r - 2 characters IT = Income Tax Filing Type - 1 character V = Voucher Filing Code - 2 character Code | naracters e = 06 |
|--|--|---|
| | Calenda | ar year (2000) - 4 characters |
| | | Record ID - 11 characters |
| | STATE OF RHODE ISLAND ION * ONE CAPITOL HILL STE 3, PROVIDENCE, RI VOL 200005046030100 | Form RI 1040-V (1998-5801) |
| | DO NOT STAPLE OR AT | TACH THIS VOUCHER TO YOUR PAYMENT |
| Name 1 Name 2 Address 1 Address 2 | Zip+4 104 | 1. ENTER THE FIRST FOUR LETTERS OF YOUR LAST NAME |
| City, State | Zip+4 LUT | .0-4 |
| YOUR SOCIAL SECURITY NUMBER | 0307 | |
| SPOUSE'S NUMBER, IF JOINT PAYME | NT | |
| | | 2. ENTER AMOUNT DUE AND PAID \$ |

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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INCOME TAX FORMS SPECIFICATIONS

1040NR-V (VOUCHER) ONLY

| Systen | n - 2 characters IT = Income Tax | | |
|--------------------------------------|--|--|--------------------------------|
| | Filing Type - 1 $V = Vc$ | character ucher Filing Code - 2 characters | |
| | | Code = 06 | |
| | | Calendar year (200 | 0) - 4 characters |
| | | | Record ID - 11 characters |
| | | | |
| | STATE OF RHOD | | Form RI 1040NR-V |
| DIVISION OF TAXAT | ION * ONE CAPITOL HILL | STE 3, PROVIDENCE, RI 02908-5801 | 1999 |
| ŤT | V0620000504 | P030100 | |
| | | O NOT STAPLE OR ATTACH THIS ' | VOUCHER TO YOUR PAYMENT |
| Name 1 | Priiding and Charles and Charl | | L ENTER THE FIRST |
| Name 2 Address 1 | | | FOUR LETTERS OF YOUR LAST NAME |
| Address 2 | 7:0 | 1040NR-V | |
| City, State | Zip+4 | _ | |
| YOUR SOCIAL SECURITY NUMBER 050-46- | 0307 | | |
| SPOUSE'S NUMBER, IF JOINT PAYMEN | NT | | |
| | | | 2 |
| | | | 2. ENTER AMOUNT |
| | | | DUE AND PAID |
| | 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 $7/8 \pm 1/8$ " from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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INCOME TAX FORMS SPECIFICATIONS

4868 ONLY

| | n - 2 characters IT = Income Tax | | | |
|----------------------------------|-------------------------------------|-----------------------------|---|------|
| | Filing Type - 1 char | acter | | |
| | | matic Extension | | |
| | Fili | ng Code - 2 characters | | |
| | | Code = 05 | | |
| | | Calendar year (20 | 000) - 4 characters | |
| | | | Record ID - 11 characters | |
| | | | | |
| | STATE OF RHODE IS | SLAND | Form RI-4868 | |
| DIVISION OF TAXATI | | 3, PROVIDENCE, RI 02908-580 | | |
| | | | | |
| ĬT | ÃÓ52000050460 | 30700 | | |
| | a desperant a desa | utomatic Extension of Time | e to file R.I. Individual Income Tax Return | |
| Name l | Application to A | ducomatic extension of fine | | |
| Name 2 | | | Enter tentative tax computation | on |
| Address 1 | | | A. Tentative federal income tax | \$ |
| Address 2 | | 4868 | B. Tentative RI tax (26.5% of Line A) | |
| City _a State | Zip+4 | 4000 | | |
| YOUR SOCIAL SECURITY NUMBER | | 1 | D. Balance due (line B less line C) | \$ |
| 050-46- | 0301 | | | |
| SPOUSE'S NUMBER, IF JOINT PAYMEN | П | | | |
| | | | | |
| | | - | 3.6 | بهرا |
| | | | ENTER AMOUNT \$ | |
| | | | DUE AND PAID | |
| | | | | |
| | | | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

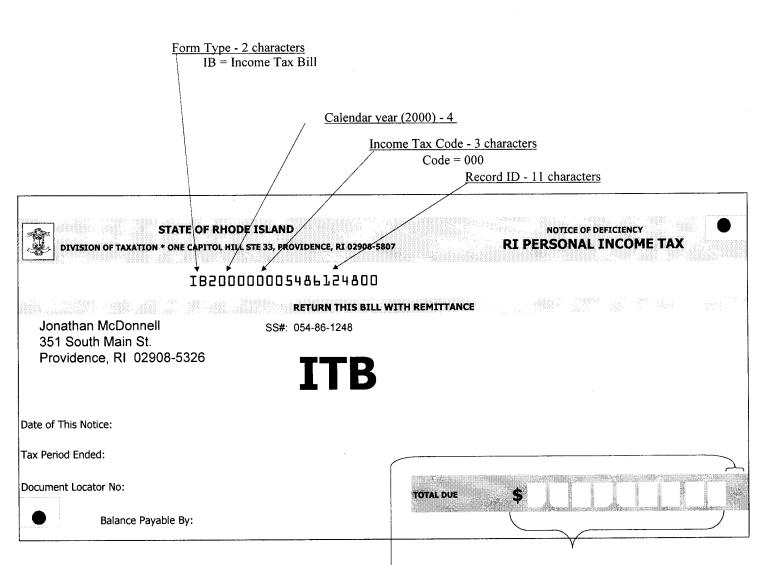
The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

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DEFICIENCY NOTICE SPECIFICATIONS

PERSONAL INCOME TAX BILL ONLY



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX BILL FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

1120DWR ONLY

| | - 2 characters = Corporation Tax Filing Frequency - 1 ch R = Retur Filing | | 0) - 4 characters | | |
|-------------------------------|---|-------------------------|---|---------------|-------|
| | | | Record ID - 11 characte | <u>rs</u> | |
| | STATE OF RHØDE ISLAP ON * ONE CAPITOL HILL STE 9, PR | OVIDENCE, RI 02908-5811 | | DUE WITH RETU | IRN O |
| Name l Name 2 Address l | 01200005046030 | JAUU | For Calendar Year | And Ending | |
| Address 2 City 1 State | Zip+4 1 | L120DWR | AMOUNT PAID AS | | |
| 0504603C | 1100 | | EXTENSION REQUEST AMOUNT DUE WITH RETURN FILING | | |
| | ury, that this document has been exand belief, is true, correct, and complete | | AMOUNT | | |
| Signature | of Officer or Agent | | ENGLOSED ? | | |

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) **LINE SPECIFICATIONS**

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

➤ There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

7004 ONLY

| | - 2 characters = Corporation Tax | | | |
|--|---|---|---|---|
| | Filing Frequency - 1 character X = Extension | | | |
| | Filing Code - 2 characters Code = 01 | | | |
| | Calendar year (20 | 000) - 4 characters | | |
| | | Record ID - 11 chara | acters | |
| 1.44 30.860 (200.868) (3.47 3.47 3.48 (3.4 | | North Committee | n juga kasasann - kasasan Judasa - Juda | |
| DIVISION OF TAXATI | STATE OF RHØDE ISLAND ON * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-581 | 1 | AUTOMATIC SIX MONEXTENSION REQUE | \$338888977 Trans.d |
| ČTŽ | รถ้ารถ้อดอรดสคอริกรขอ | | | |
| Name 1 | | For Calendar Year | | |
| Name 2 Address 1 | | Or Taxable Year Beginning | And Ending | |
| Address 2 City, State | 7004 700 4 | ESTIMATED TAX CURRENT YEAR | \$ | |
| - | 7007 | AMOUNT PAID AND | | |
| TAXPAYER IDENTIFICATION # 0504603 | 0100 | CREDITED TO DATE AMOUNT PAID AS EXTENSION REQUEST | \$ 1 | |
| | jury, that this document has been examined by me id belief, is true, correct, and complete. | | | |
| and, to the best of my knowledge a | a caller, is due, contact, and compared | AMOUNT | .e | a de la companya de |
| Signature | of Officer or Agent | ENCLOSED | | |
| | | | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax First Estimate Only

| | - 2 characters = Corporation Tax | | | |
|---------------------------|--|---|--|----|
| | Filing Frequency - 1 character E = Estimate Installments - 2 character | NTO | | |
| | Installment 01 of | | | |
| | <u>Calendar year</u> | (2000) - 4 characters | | |
| | | Record ID - 11 characters | | _ |
| | | | | |
| DIVISION OF TAXATIO | STATE OF RHODE ISLAND ON * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-1 | 1811 FJ | RST ESTIMATE | ** |
| ČTĚ | :01200005046039100 | | | |
| | | IF NOT A CALENDAR YEAF | R, FISCAL YEAR MUST BE ENTERED | |
| Name 1 | | For Calendar Year Or Taxable Year Beginning | And Ending | |
| Name 2 Address 1 | | Or Taxable Year Beginning | And chang | |
| Address 2 | 710+4 1120E | 1. ESTIMATED TAX FOR CURRENT YEAR | | |
| City ₁ State | Zip+4 LLZUL | -S CURRENT YEAR | | |
| TAXPAYER IDENTIFICATION # | 7 | 2. 40% OF LINE 1 | | |
| 05046030 | 1100 | 3. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT | | |
| | jury, that this document has been examined by me d belief, is true, correct, and complete. | | | |
| Cianatura | of Officer or Agent | 4. PAYMENT DUE WITH SHIPS RETURN | | |
| | DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE MONTH OF THE TAXABLE YEAR | IE THIRD | hander dans de | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax Second Estimate Only

| System - 2 characters CT = Corporation Tax | x | | |
|---|--|--|--|
| Filing Frequency E = | <u>- 1 character</u> Estimate | | |
|) | Installments - 2 characters Installment 01 or 02 | | |
| | Calendar year (2000 |) - 4 characters | |
| | R | Record ID - 11 characters | |
| | | | en e |
| STATE OF RHODE | | | |
| DIVISION OF TAXATION + ONE CAPITOL HILL S | STE 9, PROVIDENCE RI 02908-5811 | SE | COND ESTIMATE |
| ČTĖ02200005041 | P030700 | | |
| | | IF NOT A CALENDAR YEA | R, FISCAL YEAR MUST BE ENTERED |
| Name 1 | Nessensensensen (1975, 11. 17. saussannassannassanner) (1977, 17. 17. saussannassannassanner) (1977, 17. 17. s | For Calendar Year | |
| Name 2 | | Or Taxable Year Beginning | And Ending |
| Address 1 Address 2 | 440050 | 1. TOTAL ESTIMATED | |
| City, State Zip+4 | 1120ES | TAX | |
| | | 2. AMOUNT PAID AND | Sal |
| TAXPAYER IDENTIFICATION # 05046030100 | TO AMEND ESTIMATE USE FORM ON REVERSE AND | CREDITED TO DATE 3. LINE 1 LESS LINE 2: | |
| | CHECK HERE | AMOUNT DUE THIS PERIOD | |
| I declare, under the penalties of perjury, that this document has land, to the best of my knowledge and belief, is true, correct, and | | | |
| and, to the best of my knowledge and belief, is true, correct, and | Competer | | |
| Signature of Officer or Agent | | 4. PAYMENT ENCLOSED \$ | |
| DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH | | _ | * |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

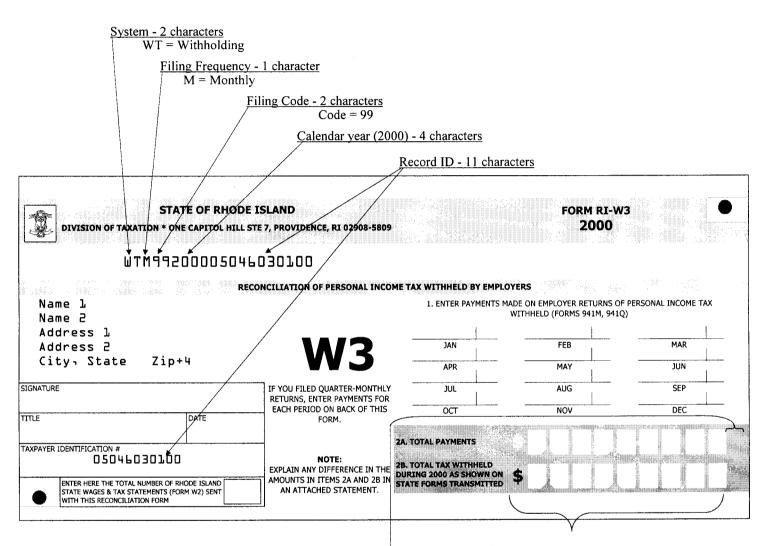
The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

FRONT



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

BACK

| MONTH | 1st QTR OF MONTH | 2nd QTR OF MONTH | 3rd QTR OF MONTH | 4th QTR OF MONTH | TOTAL |
|-----------|------------------|------------------------|-------------------|------------------|-------|
| JANUARY | | | | | |
| FEBRUARY | | | | | |
| MARCH | | | | | |
| APRIL | | | | | |
| MAY | | | | | |
| JUNE | | | | | |
| JULY | | | | | |
| AUGUST | | | | | |
| SEPTEMBER | | | | | |
| OCTOBER | | | | | |
| NOVEMBER | | | | | |
| DECEMBER | | | | | |
| | TOTAL FOR YEA | AR - ENTER HERE AND ON | LINE 2A (FRONT) | | |
| | TO BE USED | ONLY BY EMPLOYERS F | ILING QUARTER-MON | THLY RETURNS | |

SALES TAX FORMS SPECIFICATIONS

MONTHLY (MOTOR VEHICLE) ONLY

| | - 2 characters ST = Sales Tax | | | | |
|---|---|-----------------------|---|---|--------|
| | Filing Frequency - 1 character M = Monthly | | | | |
| | Filing Period - 2 c Calendar year | haracters month 01 | to 12 | | |
| | Calenda | ır year (200 | 0) - 4 characters | | |
| | | | Record ID - 11 characters | Filing month & year | - - |
| | | | | / presentative de la company | |
| DIVISION OF TAXATION | STATE OF RHØDE ISLAND n * one capitol hill ste 4, providence, ri | 02908-5802 | | MOTOR VEHICLE DEALER MONTHLY | |
| UMTZ STMI | 02200005046030100 | | | SALES & USE TAX RETURN | |
| | | | | | |
| Name 1 Name 2 | | | 1. SAJES & USE TAX DUE FOR THE MONTH (FROM LINE 9 SCH A) | | |
| Address l Address 2 | Zip+4 STM | | / | | |
| City, State 7 | Zip+4 SIM | 1 1 T Y | PLEASE DO | NOT WRITE IN THIS AREA | 100 |
| HEREBY CERTIFY THAT THIS RETUR BELIEF, IS A TRUE, CORRECT AND CO | N, TO THE BEST OF MY KNOWLEDGE AND MPLETE RETURN. | | 2. PLUS: SALES TAX COLLECTIONS | | |
| SIGNATURE OF OWNER, PARTNER OR AL | THORIZED AGENT | | FROM NON-RESIDENTS (FOR THIS MONTH ONLY) | | |
| TITLE | DATE | | DI FASE D.C | MOT WORK IN THE AREA | 7 |
| FEDERAL IDENTIFICATION N | O. RETURN FOR MONTH ENDING | | DUE AND PAID | Andred Arches in | j |
| T-204 | M-MV REV 11/99 | | | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION (MOTOR VEHICLE) ONLY

| System | - 2 characters | |
|--------------------------------------|---|--|
| | ST = Sales Tax Filing Frequency - 1 character M = Monthly | |
| | Filing Period - 2 characters Calendar year month 0 | |
| | Calendar year (2 | 000) - 4 characters |
| | | Record ID - 11 characters Filing month & year |
| | STATE OF RHODE ISLAND ON * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-580 | MOTOR VEHICLE DEALER MONTHLY - QUARTERLY RECONCILIATION |
| | 103200005046030100 | SALES & USE TAX RETURN |
| Name 1 | | |
| Name 2 Address 1 | | 1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A) |
| Address 2 City _a State | Zip+4 STMMV | |
| BELIEF, IS A TRUE, CORRECT AND C | | 3. LESS: TAX DUE - MONTH 2 4. PLUS: SALES TAX COLLECTIONS PROOM NON-RESIDENTS (FOR THUS |
| SIGNATURE OF OWNER, PARTNER OR | AUTHORIZED AGENT | MONTH ONLY) 5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (TEMS |
| TITLE | DATE | MUST BE INCLUDED IN LINE 4 SCH A ON BACK) 6. NET SALES AND USE TAX DUE AND PAID |
| FEDERAL IDENTIFICATION 050460 | NO. RETURN FOR MONTH ENDING | |
| T-204 | MR-MV REV 11/99 | |

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

QUARTERLY RECONCILIATION (MOTOR VEHICLE) ONLY

| Filing Frequency - 1 character Q = Quarterly Filing Period - 2 characters Calendar year quarter 01 to 04 | |
|---|----------|
| Filing Period - 2 characters Calendar year quarter 01 to 04 | |
| | |
| Calendar year (2000) - 4 characters | |
| Record ID - 11 characters Filing quarter & year | |
| STAYE OF RHODE ISLAND MOTOR VEHICLE DEALER DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802 QUARTERLY | |
| SALES & USE TAX RETURN STRO13200005046030100 | |
| NAME TAXPAYER IDENTIFICATION # | 7 |
| ADDRESS 1. SAJÉS & USE TAX DUE FOR THE OUGHTER (FROM LINE 9 SCH A) | |
| CITY STATE ZIP STQMV 2. LESS: TAX DUE - MONTH 1. | |
| I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN. 4. PLUS: SALES TAX COLLECTIONS BOOM AND RESIDENTS (ON THE | X.37 |
| SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT QUARTER) 5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS | **** |
| TITLE DATE MUST BE INCLUDED IN LINE 4 SCH A CHI BACK) 8. NET SALES AND USE TAX John | |
| FEDERAL IDENTIFICATION NO. RETURN FOR QUARTER ENDING 05046030100 MAR 31/00 | |
| T-204Q -MV REV 11/99 | <u> </u> |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

(MOTOR VEHICLE) MONTHLY RECONCILIATION & QUARTERLY ONLY

BACK

| SCHEDULE B - LEGAL DEDUCTI | ONS SCHEDULE A - GROSS RECEIPTS |
|--|---|
| A. FOOD FOR HUMAN CONSUMPTION (GROCERY STORE) | 1. GROSS SALES FROM OTHER THAN LINE 2: BELOW |
| 8 FOR RESALE | 2. ROOM COCUPANCY SALES |
| C, INTERSTATE | 3. COST OF PERSONAL PROPERTY PURCHASED ON RESALE CENTIFICATE BUT USED BY YOU. |
| D. TO GOVERNMENT AND EXEMPT INSTITUTIONS | 4. USE TAX: COST OF PERSONAL PROPERTY PURCHASED OUTSIDE OF STATE BUT USED BY YOU |
| E. EXEMPT NEWSPAPERS | |
| F. GASOLINE AND OTHER EXEMPT RUELS | 6. TOTÁL SALES FOR QUARTER |
| II. CLOTHING AND ROOTWEAR | 7. TOTAL DEDUCTIONS (TOTAL FROM SCH 8 - LEFT) |
| 1, SALES OF MOTOR VEHICLES | 8. TAXABLE RECEIPTS FOR THE |
| K. OTHER (DESCRIBE BELOW) | QUARTER (LINE 6 - LINE 7): 9. SALES AND USE TAX DUE POR THE QUARTER (CARRY TO FRONT) |
| OTHER (ON LINE K): | OTHER ADDITIONS (ON LINE 5): T-204M-R REV 11/99 |

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HARD TO DISPOSE MATERIAL (WHOLESALE) ONLY

| System - 2 characters HD = Hard to Dispose Material | |
|---|---|
| Filing Frequency - 1 character M = Monthly | |
| Filing Period - 2 characters Calendar year month 0 | 1 to 12 |
| Calendar year (20 | 000) - 4 characters |
| | Record ID - 11 characters Filing month & year |
| STATE OF RHODE ISLAND | MARD TO DISPOSE MATERIAL |
| DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908,5804 | WHOLESALE TAX RETURN |
| ห้⊅ที่ ด้์3200้00504603๊0100 / | |
| Jonathan McDonnell TAXPAYER IDENTIFICATION # 05046030100 | |
| 351 South Main St. Providence, RI 02908-5326 | |
| | PLEASE BO NOT WATTE IN THIS AREA |
| The undersigned (Name/Title) , hereby certifies that he/she is properly authorized to sign this report, that he/she has personal knowledge of the floures and that this return and the information herein c | |
| SIGNATURE DATE RETURN FOR THE MONTH OF YEAR | A. TOTAL AMOUNT DUE \$ |
| MAR 31/00 | (8) 3 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) |
| | V |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HARD TO DISPOSE TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

TAX FORMS SPECIFICATIONS

POSTING VOUCHER ONLY

THERE IS NOT A SCAN LINE ON THE POSTING VOUCHER

| PROFEE IN | VISION OF TAXATION * | TE OF RHODE ; | PROVIDENC | , RI 029 | | | POSTING VOUCHER |
|---------------|----------------------|---------------------|-----------|---|------|--|----------------------------------|
| Taxpayer ID # | Seq. # | Tax period Ending (| (Mo./Yr.) | Date | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Tax Code | Тах Туре | TDA (PP) (FP) | Check | MO | Cash | ASSESSED RECEIVED | |
| Assigned to | Prepared by | Determination # | | | | | PLEASE DO NOT WRITE IN THIS AREA |
| | NAME AND ADDRESS | | sessed | 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | ACCRUED INTEREST ACCRUED PENALTY TOTAL AMOUNT RECEIVED | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A POSTING VOUCHER FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

▶There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HOTEL TAX FORM ONLY

| Syste | Calend | iod - 2 characters dar year month 01 to 12 Calendar year (2000) - 4 characters Record ID - 11 characters Filing month & year |
|--|--|---|
| | F RHODE/ISLAND ITOL HILL STE 5, PROVIDENCE, RI 02908. | -5804 HOTEL TAX RETURN |
| ar and a second and a second as a second a |) MO120000504603019 | |
| Jonathan McDonnell 351 South Main St. Providence, RI 02908-532 | | 1. TOTAL CCUPANCY CONSIDERATION 2. LZSS: EXEMPT ENTITIES PLEASE 1/2 NOLL 1/2/LE IN THIS AREA |
| I HEREBY CERTIFY THAT THIS RETURN, TO THE BE BELIEF, IS A TRUE, CORRECT AND COMPLETE RETU SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AG | RN. | 3. TAVABLE AMOUNT. |
| FEDERAL IDENTIFICATION NO. | RETURN FOR MONTH ENDING | A. TOTAL TAX DUE AND PAID (LINE 3 MULTIPLIED BY 5%) |
| 05046030100 FORM HOM REV 11 | <u></u> | |
| | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HOTEL TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HEALTH CARE PROVIDER RETURN (NURSING FACILITIES) ONLY

| Filing | alth Care Provider Tax Type - 1 character I = Nursing Facilities Filing Period - 2 Calendar year | characters ar month 01 to 12 lar year (2000) - 4 charact Record ID - | | |
|--|--|---|--|----------|
| STATE OF RHODE/IS DIVISION OF TAXATION * ONE CAPITOL HILL STE HTN01200 | | / | I CARE PROVIDER RETURN URSING FACILITIES |) |
| Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326 | TAXPAYER IDENTIFICATION # 05046030100 LICENSE # | 1. GROSS PATIENT REVENUE 2. RATE | 2750/ | |
| | <u>DUE DATE</u> | All Persons | | |
| PERIOD COVERED: I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOW | MI EDGE IS A | PLEASE DO | NOT WRITE IN THIS AREA | |
| TRUE, CORRECT AND COMPLETE RETURN. SIGNATURE DATE TITLE | VLEUGE, 15 A | 3. TOTAL DUE \$ | |) |
| | | _ | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HEALTH CARE PROVIDER REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HEALTH CARE PROVIDER RETURN (GROUP HOME) ONLY

| Filin | ealth Care Provider Tax g Type - 1 character G = Group Home Filing Period - 2 Calendar yo | 2 characters year month 01 to 12 endar year (2000) - 4 characters Record ID - 11 characters | |
|---|---|--|--|
| STATE OF RHODE DIVISION OF TAXATION * ONE CAPITOL HILL ST | | HEALTH CARE PROVIDER RETURN GROUP HOMES | |
| Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326 | TAXPAYER IDENTIFICATION # 05046030100 | 1. PATIENT CARE SERVICES & OTHER GROSS OPERATING INCOME 2. RATE | |
| PERIOD COVERED: I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNO TRUE, CORRECT AND COMPLETE RETURN. SIGNATURE DATE | WLEDGE, IS A | PLEASE DO NOT WRITE IN THIS AR | |
| TILE | | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HEALTH CARE PROVIDER REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) **LINE SPECIFICATIONS**

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

. There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

LITTER CONTROL PARTICIPATION PERMIT ONLY

| | Code = 00 ndar year (2000) - 4 characters |
|---|--|
| STATE OF RHODE/ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5504 | Record ID - 11 characters APPLICATION FOR LITTER CONTROL PARTICIPATION PERMIT |
| \$\frac{1}{2}\frac{1}{2 | |
| Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326 | 1. SHOW GROSS RECEIPTS HERE |
| TAXPAYER IDENTIFICATION # D 5 0 4 6 0 3 0 1 0 0 Number of Vending Machines (If filing for a Class V permit) | PLFASE DO NOT WRITE IN THIS AREA |
| A. I/WE MAKE APPLICATION FOR A CLASS PERMIT FOR THE LOCATION ABOVE AND, UNDER PENALTIES OF PERJURY, CERTIFY THAT THE INFORMATION IS TRUE, CORRECT AND SIGNATURE | ENTER TOTAL FEE DUE AND PAID \$ |
| TELEPHONE NUMBER | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A LITTER CONTROL PERMIT APPLICATION FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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CORPORATION TAX FORMS SPECIFICATIONS

SHORT FORM ONLY

| Syste | | eriod - 2 characters endar year month 01 to 12 Calendar year (2000) - 4 cl | <u>haracters</u> ID - 11 characters | | |
|--|-------------------------|--|---|-------------------|---|
| DIVISION OF TAXATION * ONE CAP | TAXPAYER IDENTIFICATION | .00 | CORPORATION TAX SHORT FORM 11 MINIMUM TAX FILER | 20A(S) IS ONLY | |
| Providence, RI 02908-5326 | 1120A | CORPORATION TAX | \$ | 2 5 0 0 | U |
| TAX YEAR BEGINNING TAX YEAR SIGNATURE OF OFFICER OR AUTHORIZED REPRESENTATION PRINT NAME | | 8, LESS CREDIT TO 2000 ESTIMATED TAX | | | 1 |
| PHONE NUMBER | | 9. AMOUNT DUE (OVERPAYMENT) LINE 5 MINUS LINE 6 | \$ | | |

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION SHORT FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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CORPORATION TAX FORMS SPECIFICATIONS SHORT FORM ONLY

BACK

| Signature of Preparer | Date | |
|---------------------------------|-----------------------------------|--|
| orginatal contraparer | | |
| Preparer's S.S.N. or F.E.I.D. | Phone | A. GROSS RECEIPTS |
| | | B. DEPRÉCIABLE ASSETS |
| Date and State of Incorporation | No. of Shares of Authorized Stock | C. TOTAL ASSETS |
| U.S. Business Code | Par Value Per Share | PLEASE DO NOT WRITE IN THIS AREA |
| | Check Here if No Par Value: | 1. FEDERAL TAXABLE STATEMENT OF THE STAT |
| | | 2, LESS LINES 2a THRÚ 2d FROM WORKSHEET |
| President | Treasurer | 3. ADD LINES 3a AND 3b FROM WORKSHEET |
| | | 4. RHODE ISLAND ADJUSTED TAXABLE INCOME |
| | | SERVICE SERVIC |

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.